



FAMILY CHRISTIAN ACADEMY

GRADUATION CEREMONY AND DIPLOMA ORDER FORM



A STUDENT INFORMATION				
Student First Name	Student Middle Name	Student Last Name	Date of Birth	Parent/Guardian Name
Mailing Address		City	State	Zip
				Contact Phone Number

B GRADUATION CEREMONY PARTICIPATION	COST	EXTENDED
Senior Graduation Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$250.00	\$
Eighth Grade Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$100.00	\$
Kindergarten Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$100.00	\$

C GRADUATION ITEMS	COST	EXTENDED
Ceremony DVD <i>(Includes ceremony and memory movie)</i>	__X \$30.00	\$
Ceremony Photo Package: Large <i>(For the family or the graduate. Includes 1-8x10, 2-5x7's, 4-3x5's & 8 wallets)</i>	__X \$75.00	\$
Ceremony Photo Package: Small <i>(For the family or the graduate. Includes 2-5x7's and 4-3x5's)</i>	__X \$55.00	\$
Honors Cords <i>(Double=Stranded, twisted, two-colored cords with tassels at each end)</i>	__X \$15.00	\$
Senior Class T-Shirt: Circle Size : S M L XL 2X 3X <i>(Mailed after graduation)</i>	__X \$20.00	\$
Tassel Keepsake <i>(In addition to senior package if participating in graduation ceremony)</i>	__X \$15.00	\$
Diploma Cover <i>(In addition to senior package if participating in graduation ceremony)</i>	__X \$30.00	\$
Diploma: Issued Early Requested Diploma Date _____/_____/_____ <i>(Final grades must be submitted, requested diploma date must be provided)</i>	__X \$20.00	\$
Senior Banquet and Dance <i>(\$25 Per Person, \$15 for 12 and under, Hermitage Golf Course Club House & Pavilion)</i>	__X \$15.00 __X \$25.00	\$
Diploma: Official Copy for Current Graduates (No Charge for 1st Copy) <i>(Issued on 6/30 and 12/30, comes with 2 sealed transcripts)</i>	No Charge 1st Copy	\$ N/C

D ORDER DEADLINE - APRIL 1ST	COST	EXTENDED
Late Fee <i>(All graduation orders submitted after April 1st subject to a late fee)</i>	\$100.00	\$
Processing Fee		\$ 30.00
Graduation Fees Total		\$

E PAYMENT INFORMATION - Payment Plan	
Graduation Fees Total \$ _____ divided by 3 = \$ _____ monthly payment	I/We the parent/guardian of enrolled student give Family Christian Academy permission to automatically withdraw the amount listed for the monthly payment plan. The withdrawal will be processed on the first of each month from the checking account listed. I/We agree to attach a voided check to this order form.
Choose Payment Schedule <input type="checkbox"/> January - March <input type="checkbox"/> February - April <input type="checkbox"/> March - May	Parent/Guardian Signature _____ Date Signed _____
Name of Bank _____ City _____ State _____	Bank Transit Number _____ Account Number _____

F PAYMENT INFORMATION - Prepay															
Prepay Information: <input type="checkbox"/> Cash/Check/Money Order <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard															
Name on Card _____ Telephone Number _____	Signature _____														
CARD NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> EXP <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CCV <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															

G PARENT/GUARDIAN AGREEMENT	
As parent or legal guardian, I permit mentioned students to participate in the Family Christian Academy Graduation Ceremonies and also to be part of its video production and graduation pictures. I have completed this form to the best of my knowledge and know and understand that no part of this application is refundable. I understand that I will not receive the graduation package until my balance is paid in full and that any errors on this application are my responsibility.	
Parent/Guardian Signature _____	Date Signed _____

Requests may be delayed if any information on this form is incomplete. All fees subject to change without notice. No refunds.